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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/518,950
	Filing Date	June 29, 2005
	First Named Inventor	Barry Peter Liversidge
	Art Unit	3767
	Examiner Name	Andrew M. Gilbert
	Attorney Docket Number	1926-00102
Total Number of Pages in This Submission	3	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Andrus, Scales, Starke & Sawall LLP		
Signature	<i>Thomas M. Wozny</i>		
Printed name	Thomas M. Wozny		
Date	February 15, 2006	Reg. No.	28,922

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to 571-273-8300 the USPTO on the date shown below:			
Signature	<i>Melissa J. Cota</i>		
Typed or printed name	Melissa J. Cota	Date	February 15, 2006


This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/518,950) CERTIFICATE OF FACSIMILE
Applicant: Barry Peter Liversidge) I hereby certify that this
Filing Date: June 29, 2005) correspondence is being facsimile
Title: MEDICAL NEEDLE) transmitted to: Commissioner of
ASSEMBLIES) Patents, P.O. Box 1450, Alexandria,
TC/A.U. 3767) Virginia, 22313-1450, on this 15th
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)
) 
) Melissa J. Cota Date

REQUEST FOR STATUS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

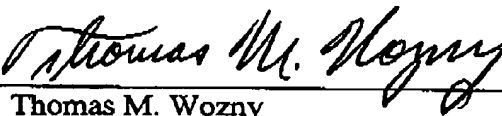
Applicant wishes to request the status of the above application. The last document in Applicant's file is a Notice Publication from the PTO dated December 15, 2005.

A duplicate of this Request is enclosed for response.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

By



Thomas M. Wozny
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